SOUTH FLORIDA WATER MANAGEMENT DISTRICT

SMALL BUSINESS ENTERPRISE CERTIFICATION APPLICATION

South Florida Water Management District (District)
Procurement Bureau - SBE Section
3301 Gun Club Road, West Palm Beach, FL 33406
561-686-8800 FL WATS 1-800-432-2045 www.sfwmd.gov

Mailing Address:
P.O. Box 24680, West Palm Beach, FL 33416-4680

FOR INTERNAL USE ONLY		
Vendor #		Date Received
Date Reviewed		More Info Requested
Certified	Denied	More Info Received
Basis For Denial		Reviewer

SUPPORT DOCUMENTS REQUIRED FOR ALL APPLICANTS

See SBE Rule 40E-7.673 Florida Administrative Code (F.A.C.) for Complete Criteria:

Your Small Business Enterprise Certification Application (Application) cannot be processed without the required support documentation. Based upon the information provided, additional documenation may be required from your business to determine Certification eligibility. You will be notified if this becomes necessary.

1. **Last three (3) Federal Income Tax Returns of Applicant and any Affiliate Business(s)**
   (If the Applicant Business has not filed three (3) consecutive Federal Income Tax Returns for the 3 years preceding this Application, refer to SBE Rule Section 40E-7.673 (2)(a) Florida Administrative Code).
2. **Current State of Florida Business License and Professional Licensure/Certification(s) (if applicable)**
3. **SBE Certification from another Florida governmental agency (if applicable for Reciprocity)**

Your business must be Registered as a Vendor with the District before applying for Certification.

GENERAL BUSINESS INFORMATION

1. Legal Business Name		
D/B/A Business Name (if applicable)		
Street Address		
City	State	Zip Code
Mailing Address (if different than above)		
Telephone No.		Fax No.
E-Mail Address	Website Address	
Business Contact	Title	Telephone No.

2. Specify the average three (3) year Gross Receipts of the business as shown in your 3 latest Federal Income Tax Returns.
   (If the Applicant has not filed 3 Federal Income Tax Returns for the 3 years immediately preceding this Application, then the Applicant must submit a financial statement, for any of the 3 years immediately preceding this Application in which the Applicant did not file Federal Income Tax Return(s).

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3. Business Classification:

3a. Please describe the type of Commodities and/or Services your business provides:

3b. Please select the area of work that your business is seeking eligibility by checking those that apply:

☐ Construction ☐ Commodities ☐ Services

4. Date business was established:

5. Has your business, or any of its principals as participants in another business, ever been…

SBE Denied Certification? ☐ Yes ☐ No

SBE Decertified? ☐ Yes ☐ No

NOTE: If the answer to any of the above questions is "Yes", please provide a copy of the Denials or Decertifications.

6. Is your business currently affiliated with another business as defined in 40E-7.669(1), F.A.C.? **If Yes, please list below and describe the business relationship.** ☐ Yes ☐ No

Name of Affiliate Business	Address
City/State/Zip Code	Telephone No.

Describe the Business Relationship:

7. Specify the average three (3) year gross receipts of the Affiliate Business as shown in the Affiliate Business's 3 latest Federal Income Tax Returns.

(If the Affiliate Business has not filed three (3) Federal Income Tax Returns for the 3 years immediately preceding this Application, then a financial statement must be submitted for any of the 3 years immediately preceding the Application in which Federal Income Tax Return(s) were not filed).

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Signature	**Name** (type or print)
Title	**Date**